

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address belowName Kazuo SakumaAddress 2119-1, Kaminayoro, Shimokawa-chou,City Kamikawa-gunState HokkaidouZIP 098-1216Country JapanTelephone 01654-3-1599Fax 01654-3-7100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) KazuoFamily Name or Surname SakumaInventor's Signature Kazuo SakumaDate February 1, 2002Residence: City Kamikawa-gunState HokkaidouCountry JapanCitizenship JapanMailing Address 2119-1, Kaminayoro, Shimokawa-chou,City Kamikawa-gunState HokkaidouZIP 098-1216Country JapanNAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.